

2002 UNIFORM BUSINESS REPORT (UBR)

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FILED
Jun 02, 2002 8:00 am
Secretary of State

05-06-2002 90228 035 ****61.25

DOCUMENT # N99000000802

1. Entity Name

ASSOCIATION OF BRAZILIAN BAPTIST CHURCHES OF NORTH AMERICA, CORP.

Principal Place of Business 4699 N FEDERAL HIGHWAY, S-208J POMPANO BEACH FL 33064	Mailing Address 4699 N FEDERAL HIGHWAY, S-208J POMPANO BEACH FL 33064
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2. Principal Place of Business Suite, Apt. #, etc.	3. Mailing Address Suite, Apt. #, etc.
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City & State	City & State	4. FEI Number 65-0866390	Applied For <input type="checkbox"/> Not Applicable
Zip	Country	Zip	Country



DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent ALMEIDA, SILAIR COLETA 4699 N FEDERAL HIGHWAY, S-208J POMPANO BEACH FL 33064		7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City FL Zip Code	
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8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

FILE NOW: FEE IS \$61.25	9. Election Campaign Financing Trust Fund Contribution. <input type="checkbox"/>	\$5.00 May Be Added to Fees	Make Check Payable to Department of State
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10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SIMOES, ADEMIR 901 TRINITY AUSTIN TX 78701	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIBAMAR MONTEIRO, JOSE 355 ROBIM DRIVE CORTE MADERA CA 94925	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	IZIDORO, FRANCISCO 83-87 264 STREET FLORAL PARK NY 11004	<input checked="" type="checkbox"/> Delete <i>Please delete</i>	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	ALMEIDA, SILAIR COLETA 2372N.W. 34TH ROAD COCOA NUT CREEK FL 33086	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DOMINGUES, NELSON 1500 E CENTRAL ROAD MOUNT PROSPECT IL 60056	<input type="checkbox"/> Delete	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	RIBEIRO PAIVA, SILVANEIDE 355 ROBIM DRIVE CORTE MADERA CA 94925	<input checked="" type="checkbox"/> Delete <i>Please delete</i>	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	JOSE CALIXTO 4699 N. FEDERAL HWY # 208J POMPANO BEACH, FL 33064		<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: SIGNATURE REQUIRED *[Signature]* **4/23/02**
 SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E037 (9/01)